

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

or maddenadono				File with:	City or Town Clerk	k or Election	n Commission
Fill in Reporting Period dates: Beginning Date: Jan	n 1, 20	18	Ending I	Date:	Oct 19, 2018		Part Profes
							100 June 1 100 June 1 100 June 1 100 June 1 100 June 1
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election		30 day :	after election	Пу	ear-end report	□ disso	olution
our day proceeding promininary							
Cathon A. Calcana		Cammitt	ee to Elect Cath	v Coho	on.		
Cathy A. Schoen Candidate Full Name (if applicable)	- -	Committ	ee to Elect Cati		nittee Name		
Town Council, District 1		Michael (Childs	Comm	ntice Name		
Office Sought and District	- -	Horidor		me of Cor	mmittee Treasurer		
519 Montague Road, North Amherst, MA	P	P. O. Box	x 9616, North A	mherst,	MA 01002		
Residential Address	- -		C	ommittee	Mailing Address		
E-mail:	E	E-mail:					
Phone # (optional):	P	hone # (o	ptional):		(413) 478-054	14	
			-				
SUMMARY BALAN	ICE I	INFOL	PMATION.				
SUMMARI BALAN	ICE I	II (I OI	WIATION.			_	
Line 1: Ending Balance from previous report						0	
		E.					
Line 2: Total receipts this period (page 3, line 1	1)				1,27	0	
		Ī					
Line 3: Subtotal (line 1 plus line 2)		Į			1,27	0	
Line 4: Total expenditures this period (page 5, 1	lina 1/	₄) [undans de la constant	1,223.8	15	
Line 4: Total expenditures this period (page 3, 1	11116 1-	') [1,223.0)	
Line 5: Ending Balance (line 3 minus line 4)					46.1	.5	
						를	
Line 6: Total in-kind contributions this period (page 6	6)				0	
		Γ				_	
Line 7: Total (all) outstanding liabilities (page 7)	7)				1,164.	.8	
Line 8: Name of bank(s) used: Bank America							
Eine 6. Ivalic of balk(s) used. Balk America							
Affidavit of Committee Treasurer:							
I certify that I have examined this report including attached schedules and it is, to the b							
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or in behalf of this committee	nd contri	ributions ai	nd habilities for this th the requirements	s reporting of M.G.L	g period and represent. c. 55.	nts the camp	oaign
Signed under the penalties of perjury:	\		(Treasurer's		Data: O	ctober 29	, 2018
					·		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box onl	ly)					
Candidate with Committee and no activity independent of the committee	.1 1	C 1			dl-44-4	4 - C - 11	: c
I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in							
incurred any liabilities nor made any expenditures on my behalf during this report	ing perio	od.					
Candidate without Committee OR Candidate with independent activity filing	g separa	te report	oviladas and 1-1!-£	o terro occ	d acomplate atatan	t of all age-	noian
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the							
campaign finance activity of all persons acting under the authority or on behalf of	this con	nmittee in	accordance with th	e requirer	ments of M.G.L. c. 5	5.	
Signed under the penalties of perjury:			(Candidate'	s signatur	Date: O	ctober 29	, 2018
Server and boundary or borland.			(3000000		*		

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08/03/2018	Cathy Axelson Berry 87 Stony Hill Road North Amherst, MA 01002	25	
09/10/2018	Ronnie Janoff-Bulman Michael Shea Bulman 146 Shutesbury Road, Amherst, MA 01002	100	
08/14/2018	Michael Childs Diane Amsterdam 45 Oak Knoll, Amherst, MA 01002	100	
10/07/2018	Benjami Davidovitch Irene Dujovne 1616 Pine Street, Amherst MA 01002	50	
10/10/2018	Darcy Dumont 142 Pondview Drive Amherst, MA 01002	50	
09/30/2018	Patricia Farrington 496 Montague Road Amherst, MA 01002	50	
09/02/2018	Hilda B. Greenbaum Joel M. Greenbaum P. O. Box 9625, North Amherst, MA 01002	100	
10/02/2018	Mary E. Hocken 137 Faiirview Way Amherst, MA 01002	25	
09/30/2018	Herbert Holden 66 Harlow Drive Amherst, MA 01002	20	
08/14/2018	Janet Keller 120 Pulpit Hill Road Amherst, MA 01002	50	
09/27/2018	Alexander W. Pollatsek Harriet S. Pollatsek 2 Campbell Court, Amherst, MA 01002	25	
09/18/2018	Carol Pope 119 High Street Amherst, MA 01002	75	
Line 9: Total Rece	ipts over \$50 (or listed above)	670	
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
200 - OBJECT 2000-000-000 - 50-00 - CS-25 - SHEDOWN SHEDWAY - 140	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
09/15/2018	Martha Schoen 2935 Kelton Avenue Los Angelus, CA 90064	25	
10/14/2018	Anuraj Sharma Mary Crotty Sharma 120 Van Meter Drive, Amherst, MA 01002	50	
10/10/2018	Lucia D. Spiro 20 Hartman Road Amherst, MA 01002	25	
08/15/2018	Lawrence S. Zacharias Cathy A. Schoen P. O. Box 9619, Amherst, MA 01002	500	Candidate, retired
	,		
Line 9: Total Recei	pts over \$50 (or listed above)	600	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1,270	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expend		nittee name and a page number or	each page.)	
	To Whom Paid	A I I		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
09/14/2018	Amherst College Copy & Print	Amherst College Copy & Print Mailing Center, Amherst College Amherst, MA 01002	Business Cards / Advertising	81.7
10/18/2018	Amherst College Copy & Print	Amherst College Copy & Print Mailing Center, Amherst College Amherst, MA 01002	Leaflet Cards / Advertising	. 71.41
08/21/2018	Amherst Copy & Design Works	Amherst Copy & Design Works 87 E. Pleasant Street Amherst, MA 01002	Copies / Advertising	40.38
08/23/2018	Bank America	Bank America P. O. Box 15284 Wilmington, DE 19850	Checking fees	23
09/17/2018	Bank America	Bank America P. O. Box 15284 Wilmington, DE 19850	Bank fees	36.05
10/18/2018	Alan Powell	Alan Powell 5 Blue Hills Road Amherst, MA 01002	Campaign Buttons and Stickers	200
08/24/2018	One Way Screen Printing	One Way Screen Printing 47 East Street Hadley, MA 01035	T-shirts / Advertising	280
09/17/2018	Sunraise, Inc	Sunraise, Inc. 322 Russell Street Hadley, MA 01035	Lawn Signs / Advertising	491.31
Line 12: Total Expenditures over \$50 (or listed above)				1,223.85
		Line 13: Total Expenditures \$50	and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 1,223.85				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
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] [
		Line 12: Expenditures over \$50 ((or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)						
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemis	9	include them in line 12. Line 13 sho	l			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			٠
	e	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/18/2018	Cathy A. Schoen	Cathy A. Schoen P. O. Box 9619 519 Montague Road North Amberst MA 01002	Personal Loan by candidate for all expenses to date listed under Expenditures except Bank	1,164.8
				·
	1			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	1,164.8